

Few predicted that this historic moment would occur so soon after a war of less than three weeks. President George W. Bush, in fact, warned Americans on March 23, "It is evident that it will take awhile to achieve our objective."

And in fact, more military action lies ahead. Parts of Baghdad are not secure. Coalition ground forces have not yet moved into other cities, including Tikrit, Saddam's birthplace 100 miles north of Baghdad. No one knows with certainty whether Saddam is alive or dead.

But Iraqis on Wednesday grasped that Saddam's 24-year rule of terror had come to an end.

Also abundantly clear is the new prowess of the U.S. military. The brilliant campaign to remove Saddam so far has produced a death toll far less than predictions and in fact less than the toll of the Desert Storm war in 1991.

The combination of smart weaponry, high-tech surveillance equipment and instantaneous communication turned coalition troops into a potent force capable of making split-second adjustments to battlefield conditions, even in urban environments.

Drone aircraft fed television images of streets and rooftops. Ground troops called for precision air strikes rather than fighting blind. Troops even used hand-held computerized translators that allowed them to communicate with Iraqis.

The advanced technology, training and updated strategy brought success at minimal cost more quickly than many dared hope.

So Wednesday was a day for celebration. "He's gone? He's gone?" chanted a group of boys in the Kurdish city of Irbil. "Bush No. 1 Bush No 1," shouted young men in Baghdad. Women held their babies for American troops to kiss. Women and children handed them flowers.

And coalition troops were making discoveries that showed why there was dancing in the streets at the realization that Saddam's grip was loosed forever. In Basra, Iraqis showed journalists the "White Lion" jail where they said Saddam's secret police tortured prisoners with beatings, mutilations, electric shocks and chemicals. Similar discoveries were being made elsewhere in Iraq.

The cheers of today might be soon forgotten as Iraqis begin the task of rebuilding their country and establishing a new government. And it must be acknowledged that this historic moment came despite objections from scores of nations around the globe.

Nonetheless, it was gratifying on Wednesday to witness the end of the brutal reign of Saddam Hussein.

HONORING THOMAS SACCO

HON. GINNY BROWN-WAITE

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 10, 2003

Ms. GINNY BROWN-WAITE of Florida. Mr. Speaker, I rise today to honor Thomas Sacco, a veteran of World War II. After waiting 58 long years, he has finally been awarded the Purple Heart that he earned as a young private while serving his country in Europe.

Private Sacco was barely 18 years old when he volunteered to serve as a paratrooper in the famous and sometimes feared 101st Airborne division.

He was wounded in the town of Noville, Belgium. As his outfit advanced toward the Axis Army he was struck by shrapnel in his left arm and back and rendered unconscious.

58 years later his heroism and sacrifice is being recognized by the United States Government.

Mr. Speaker, I am proud to call Thomas Sacco a constituent and I ask you to join with me in thanking him for his service.

INTRODUCTION OF LEGISLATION DEALING WITH PRISON RAPE

HON. FRANK R. WOLF

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 10, 2003

Mr. WOLF. Mr. Speaker, yesterday I introduced in the House legislation which concerns a problem that has been ignored by too many for too long: prison rape. I am pleased and grateful that my colleague from the Commonwealth of Virginia, Rep. ROBERT C. SCOTT is an original cosponsor of this legislation.

I believe in vigorous prosecution of criminals and tough sentences on offenders. However, prison rape has nothing to do with being tough on crime; it has to do with making our communities safer, reducing recidivism, and controlling the spread of communicable diseases. This bill would require prisons to establish tough standards to address the issue of prison rape. Experts have established that roughly 13 percent of the over 2 million prisoners in the United States have been victims of rape in prison. Many of these inmates who are raped contract HIV, hepatitis, and other diseases. Upon release, these individuals may then spread these diseases and their rage—contracted in prison as a result of prison rape—to individuals in their community.

Prison rape causes psychological trauma, which may lead its victims to act out in an aggressive manner upon leaving prison, possibly committing further crimes which will result in their reincarceration in an already overcrowded prison system. Additionally suicide is the leading cause of death behind bars and sexual harassment, such as rape, is the leading cause of prisoner suicide.

Last year on Capitol Hill, a mother of a 16-year-old-boy, who was repeatedly raped in a Texas prison, offered a grim tale of her son's abuse. She said her son reported the attacks to prison officials but was told "(rape) happens every day, learn to deal with it. It is no big deal." The boy ultimately hanged himself in his cell. He had been arrested for starting a fire in a dumpster.

The trauma caused by prison rape cannot be underestimated. No matter where the survivor ends up, severe psychosis is the most common outcome of prisoner rape. Sexual assault can often break a prisoner's spirit. In the advanced stages of rape trauma syndrome, for example, a survivor's mood often swings between deep depression and rage. Prisoner rape may be the quickest, most cost-effective way of producing a sociopath.

According to researchers, the fact that most men on death row were sexually abused earlier in life should come as no surprise. Indeed, it is a fact that society ignores at its own peril. Prison rape perpetuates a vicious cycle of violence and trauma which starts with a prisoner being raped and that prisoner often committing acts of aggression and sexual harassment either within prison or in the community upon his release. Indeed, prison rape survivors

often become rapists themselves in a demeaned attempt to regain what they think of as their "lost manhood."

Some prison rape victims retaliate by murdering their rapists, receiving added years to their sentence and further burden the prison system. Studies show that prison rape costs the taxpayer in recidivism and increased violent crime. Inmates—often nonviolent, first-time offenders—will come out of a prison rape experience severely traumatized and will often leave prison more violent than when they entered. Prison rape costs raped prisoners their dignity and costs society monetarily and psychologically.

Combating prison rape is also an issue of human rights and basic humanity. A nation cannot turn its back on thousands of people who are under the care of the state, and being raped and traumatized while under that care. Prison rape is a form of torture. The body of a rape victim may heal, but the emotional damage caused by prison rape may never be ameliorated. As a nation which rightfully stands up for human rights around the world, and which has the best human rights record in the world, we must act now to remove this blight from our record; we must act now to stop the inhumane and degrading practice of prison rape.

The nation has ignored prison rape for too long. The United States Supreme Court has ruled that deliberate indifference to prison rape is a violation of the Constitution. In order to be true to our nation's founding principles, in order to end the cycle of violence and degradation, in order to further the safety of our prisons and society, the passage of this legislation to address prison rape is vital.

I urge my colleagues to join in support of this legislation.

INTRODUCTION OF H.R. 1720, VETERANS HEALTH CARE FACILITIES CAPITAL IMPROVEMENT ACT

HON. ROB SIMMONS

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 10, 2003

Mr. SIMMONS. Mr. Speaker, I am introducing a new measure, the "Veterans Health Care Facilities Capital Improvement Act," that I intend will begin to address what has become a troubling and lingering problem in our Nation's veterans health care facilities: a crumbling and substandard patient-care infrastructure.

Mr. Speaker, for the past several years, we have noted that the President's annual budget for VA health care has requested little or no funding for major medical facility construction projects for America's veterans. As we indicated last year in our report to the Committee on the Budget on the Administration's budget request for fiscal year 2004, VA has engaged in an effort through market-based research by independent organizations to determine whether the present VA facility infrastructures are meeting needs in the most appropriate manner, and whether services to veterans can be enhanced with alternative approaches. This process, called "Capital Assets Realignment for Enhanced Services," or "CARES," has entered into its second phase within the Department of Veterans Affairs. While VA has set an